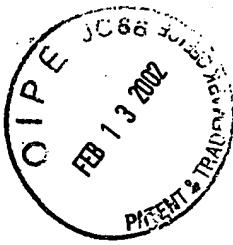


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11/24/02



I hereby certify that this correspondence is being deposited with the United States Postal Services on the date set forth below as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231.
Date of Signature and Deposit: Feb 22, 02

Jean C. Baker
Attorney of Record

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Diana Downs, et al.
Serial No.: 09/955,502
Filed: September 18, 2001
For: METHOD FOR PREVENTING SUPEROXIDE DAMAGE TO CELLS AND OXYGEN LABILE PROTEINS

Group Art Unit: 1645
Examiner: --

Commissioner for Patents
Washington, D.C. 20231

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FEB 25 2002

TECH CENTER 1600/2900

REQUEST FOR CORRECTED FILING RECEIPT

Dear Sir:

Applicants hereby request a corrected filing receipt in the above-identified case. The Attorney Docket No. should be --960296.97559-- not "960296.98407".

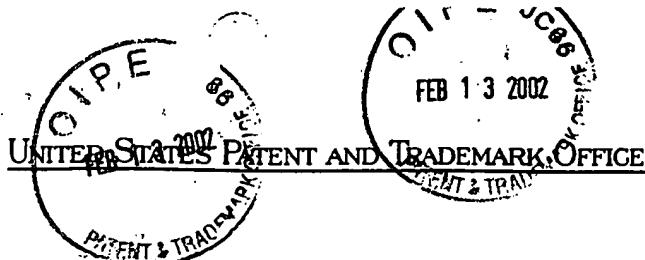
No fees are believed necessary to enter this correction. However, if a fee is necessary, please charge Deposit Account 17-0055.

Respectfully submitted,

Diana Downs, et al.

By: Jean C. Baker
Jean C. Baker
QUARLES & BRADY LLP
411 East Wisconsin Avenue
Milwaukee, WI 53202
Reg. No.: 35,433
(414) 277-5709

January 22, 2002



COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/955,502	09/18/2001	1645	420	960296.98407	8	15	3

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CONFIRMATION NO. 9804

27114
QUARLES & BRADY LLP
411 E. WISCONSIN AVENUE, SUITE 2040
MILWAUKEE, WI 53202-4497

FEB 25 2002

UPDATED FILING RECEIPT



OC000000007307097*

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Date Mailed: 01/14/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Diana Downs, Madison, WI;
Jeff A. Gralnick, Madison, WI;

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Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/234,588 09/22/2000

Foreign Applications

If Required, Foreign Filing License Granted 10/19/2001

Projected Publication Date: 04/25/2002

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

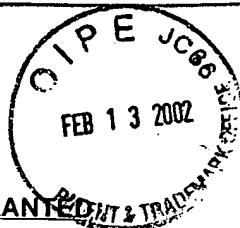
Title

Method for preventing superoxide damage to cells and oxygen-labile proteins

Preliminary Class

435

JAN 18 2002



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Bib Data Sheet

CONFIRMATION NO. 9804

SERIAL NUMBER 09/955,502	FILING DATE 09/18/2001 RULE	CLASS 435	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. 960296.97559
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APPLICANTS

Diana Downs, Madison, WI;
 Jeff A. Gralnick, Madison, WI;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/234,588 09/22/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 10/19/2001

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Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	WI	8	15	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

27114

TITLE

Method for preventing superoxide damage to cells and oxygen-labile proteins

FILING FEE RECEIVED 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> '1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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